# Early On® Oakland Vision Screening Checklist Directions

**PURPOSE: This form is to be used to collect information regarding a child's vision, in the absence of any other exams/assessments. Obtaining information about the child's vision is a mandatory component in determining eligibility.**

***NOTE**: Part of the process to determine eligibility is to obtain information about the child's vision. A comprehensive vision assessment is the best way to evaluate this domain. If an examination has been done by a qualified professional within the last 3 months for a child under the age of 18 months, or the last 6 months for a child over the age of 18 months, it is not necessary to repeat the exam. In those situations, a review of medical records and documentation on the IFSP can suffice. If an examination has not been done and the Service Coordinator is unable to schedule a vision screen through Oakland Family Services, then the "Early On® Oakland Vision Screening Checklist" may be used.*

**Early On® Oakland Vision Screening Checklist:** Fill out the top portion of the checklist with the child's legal name, date of birth, age, and name and agency of the person administering the screen. Repeat on the top of page 2.

Refer to the section of the form that is designed for the child's **current** age. Ask the parent to respond "yes" or "no" to each of the questions provided. Ask the parent if the child exhibits any of the symptoms associated with possible eye problems. Place an "X" to indicate "yes." Leave blank if the response is "no."

**Physician information:** Include any information from the medical records that is relevant to vision here.

**Summary:** Check and date either "no concerns at this time" or "follow up recommended." If there are vision concerns, check the appropriate box to refer the parent for either an ophthalmology evaluation or follow up with a health care provider.

Summarize information the vision screening into the integrated IDA summary report. If information is not included in the summary but used to document hearing status, **staple** a copy of the "Early On® Oakland Vision Screening Checklist" form to the IFSP.